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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF DEATH	
1. County <u>Cochise</u>	State Index - No. <u>44</u>		
District <u>Warren</u>	County Registrar's - No. <u>144</u>		
Town or city <u>Bisbee</u>	Local Registrar's - No. _____		
2. FULL NAME <u>James Henrique</u>			
(a) Residence. No. <u>13. on N. Street</u>			
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred		How long in U. S. if of foreign birth?	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
2. SEX <u>Male</u>	4. COLOR or RACE <u>Mexican</u>	16. DATE OF DEATH (month, day, and year) <u>Mar. 10, 1924</u>	
5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)		17. I HEREBY CERTIFY, That I attended deceased from <u>Mar 10</u> to <u>Mar 10</u> 19 <u>24</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		that I last saw him alive on <u>Mar 10</u> 19 <u>24</u>	
6. DATE OF BIRTH (month, day and year) <u>July 16, 1923</u>		and that death occurred, on the date stated above, at <u>5:25 P. M.</u>	
7. AGE	Years Months Days	The CAUSE OF DEATH* was as follows:	
	IF LESS than 1 day hrs. or min.	<u>Bronchitis-Pneumonia</u>	
8. OCCUPATION OF DECEASED		(duration) yrs. mos. ds.	
(a) Trade, profession, or particular kind of work <u>Child</u>		<u>Weeks</u>	
(b) General nature of industry, business or establishment in which employed (or employer)		(duration) yrs. mos. ds.	
(c) Name of employer		18. Where was disease contracted (if not at place of death)?	
9. BIRTHPLACE (city or town) (State or Country) <u>Sonora Mexico</u>		Did an operation precede death? <u>No</u> date of <u>No</u>	
10. NAME OF FATHER <u>S. D. Henrique</u>		Was there an autopsy?	
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>West Virginia</u>		What test confirmed diagnosis? <u>H. G. Stuckelund</u> M. D.	
12. MAIDEN NAME OF MOTHER <u>Jennie Villalobos</u>		Signed <u>Mar 10</u> 19 <u>24</u> (Address) <u>Bisbee</u>	
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Mexico</u>		* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
14. Informant (Address) <u>S. D. Henrique Bisbee Ariz.</u>		19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Bisbee Arizona</u>	
15. Filed <u>3/12</u> 19 <u>24</u> <u>C. F. Hawley</u> M. D. Local Registrar.		20. UNDERTAKER <u>Hennessey and Co.</u>	
V. S. No. 1 Filed <u>4/7</u> 19 <u>24</u> <u>R. B. Laffan</u> County Registrar.		DATE OF BURIAL <u>March</u> 19 <u>24</u>	
		ADDRESS <u>Bisbee Ariz</u>	